

## State of Idaho Peace Officer Standards and Training

**700** South Stratford Drive, Meridian, Idaho 83642-6202 Phone: **208.884.7250** or **1.866.670.7678** · Fax: **208.884.7295** · www.idaho-post.org

## APPLICANT AFFIDAVIT IN SUPPORT OF REQUEST FOR HEARING WAIVER

STATE	OF IDAHO	)			
County	of	) ss. _ )			
	NAME OF APPLICANT:			_, being first duly sworn upon his/her oath, d	eposes and says as follows:
	I am over eighteen years of the second				
	2. I make this affidavit based		-		
			_	nation by Examiner:	,
Title: _			=		
				in the city of	, Idaho.
	4. The hearing examination	revealed, for the p	ourpose of POST Council's	hearing standards, that I have a hearing defici	ency in my left and/or
right ea	ır.				
	5. Description of each defici	iency:			
	6. I was / was not aware of	this hearing defici	ency before this examinatio	on.	
	7. I do / do not use corrective hearing aids for my hearing deficiency.				
	8. I do / do not believe that my hearing deficiency will interfere with my ability to work effectively and safely as a [name of position]				
			_ for [hiring agency]		
	9. My hearing deficiency ha	s / has not affecte	ed my daily life. If the defic	eiency has affected your daily life, explain: _	
	10. My hearing deficiency h	as / has not affect	ted my ability to drive. If the	ne deficiency has affected your ability to drive	e, explain:
	11. Add any further informat	tion, explanation o	or description that you want	the POST Council Hearing Board to consider	::
	12. Further your affiant says	eth naught.			
	DATED this day of	of		20	
APPLIC	CANT				
On	this day of		, in the year 20	, before me,	,
	•			, proved to me on the basis of satisfactory	evidence to be the person
	ame is subscribed to the within				•
			Notary Public Residing in		
3/2011				on:	<del></del>